

County: Manitowoc
 NORTH RIDGE MEDICAL/REHABILITATION CENTER
 1445 NORTH 7TH STREET

Facility ID: 3370

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MANITOWOC 54220 Phone: (920) 682-0314
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 110
 Total Licensed Bed Capacity (12/31/01): 126
 Number of Residents on 12/31/01: 108

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 100

Corporation
 Skilled
 No
 Yes
 Yes
 100

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.0
Supp. Home Care-Personal Care	No					1 - 4 Years		42.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years		20.4
Day Services	No	Mental Illness (Org./Psy)	2.8	65 - 74	14.8			-----
Respite Care	No	Mental Illness (Other)	2.8	75 - 84	36.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	39.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over	5.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.7	65 & Over	96.3	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		15.7
Referral Service	No	Diabetes	4.6	Sex	%	LPNs		4.3
Other Services	Yes	Respiratory	12.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	37.0	Male	34.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	65.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	22	100.0	287	68	94.4	99	0	0.0	0	14	100.0	128	0	0.0	0	0	0.0	0	104	96.3
Intermediate	---	---	---	3	4.2	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	1	1.4	234	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Total	22	100.0		72	100.0		0	0.0		14	100.0		0	0.0		0	0.0		108	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	11.1	82.4	6.5	108
Other Nursing Homes	0.0	Dressing	11.1	82.4	6.5	108
Acute Care Hospitals	90.5	Transferring	19.4	67.6	13.0	108
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.7	73.1	10.2	108
Rehabilitation Hospitals	0.0	Eating	78.7	21.3	0.0	108
Other Locations	1.2	*****				
Total Number of Admissions	168	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.5		Receiving Respiratory Care	7.4
Private Home/No Home Health	22.2	Occ/Freq. Incontinent of Bladder	40.7		Receiving Tracheostomy Care	0.9
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	29.6		Receiving Suctioning	0.9
Other Nursing Homes	1.2				Receiving Ostomy Care	3.7
Acute Care Hospitals	46.8	Mobility			Receiving Tube Feeding	1.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.9		Receiving Mechanically Altered Diets	27.8
Rehabilitation Hospitals	0.0					
Other Locations	8.2	Skin Care			Other Resident Characteristics	
Deaths	21.6	With Pressure Sores	3.7		Have Advance Directives	95.4
Total Number of Discharges		With Rashes	0.9		Medications	
(Including Deaths)	171				Receiving Psychoactive Drugs	48.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79.1	82.5	0.96	84.1	0.94	85.8	0.92	84.6	0.93
Current Residents from In-County	98.1	74.3	1.32	79.3	1.24	69.4	1.41	77.0	1.28
Admissions from In-County, Still Residing	23.8	19.8	1.20	25.5	0.93	23.1	1.03	20.8	1.14
Admissions/Average Daily Census	168.0	148.2	1.13	110.2	1.52	105.6	1.59	128.9	1.30
Discharges/Average Daily Census	171.0	146.6	1.17	110.6	1.55	105.9	1.61	130.0	1.31
Discharges To Private Residence/Average Daily Census	38.0	58.2	0.65	41.2	0.92	38.5	0.99	52.8	0.72
Residents Receiving Skilled Care	96.3	92.6	1.04	93.8	1.03	89.9	1.07	85.3	1.13
Residents Aged 65 and Older	96.3	95.1	1.01	94.1	1.02	93.3	1.03	87.5	1.10
Title 19 (Medicaid) Funded Residents	66.7	66.0	1.01	66.9	1.00	69.9	0.95	68.7	0.97
Private Pay Funded Residents	13.0	22.2	0.58	23.1	0.56	22.2	0.58	22.0	0.59
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	5.6	31.4	0.18	38.7	0.14	38.5	0.14	33.8	0.16
General Medical Service Residents	37.0	23.8	1.56	21.8	1.70	21.2	1.74	19.4	1.91
Impaired ADL (Mean)	40.4	46.9	0.86	48.4	0.83	46.4	0.87	49.3	0.82
Psychological Problems	48.1	47.2	1.02	51.9	0.93	52.6	0.92	51.9	0.93
Nursing Care Required (Mean)	5.9	6.7	0.89	7.5	0.79	7.4	0.79	7.3	0.80